1392960

### FORM D

#### UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# **PROCESSED**

THOMSON

FINANCIAL

### FORM D

MAR 1 5 2007

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR INTEODM I IMITED OFFEDING EVENDTION

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden



	Olvir	OKWI LIMII	LD OFFEKI	NG EXEMI	TION [	
Name of Offering Private Placement of	Common Stock, Class	is an amendment A Warrants, Cl	and name has char ass B Warrants a	nged, and indicated	te change).	
Filing Under (Check bo Type of Filing: \( \subseteq \) N		☐ Rule 504 ndment	☑ Rule 505	☐ Rule 506	☐ Rule 4(6)	□ULOE
		A. BASIC	IDENTIFICATI	ON DATA		<del></del>
1. Enter the information	n requested about the i	ssuer			····	
Name of Issuer: Cor	solidation Services, l	BC, (□	check if this is an	amendment and	name has changed,	and indicate change.)
Address of Executive 2756 N. Green	Offices Valley Parkway, Su	(Number and	Street, City, State	, Zip Code) 1		Including Area Code)
Address of Principal (if different from Exe	Business Operations		Street, City, State	, Zip Code)	Telephone Number (1	Including Area Code)
Brief Description of	Business				-	
Business conso	lidation in the food s	ervices industry	7			MAD 1 Dagge
Type of Business Org	ganization				·	1 MAR U & 2007
	☐ limited partner	ship, already forn	ied 🔲 other (	please specify):		The state of the s
☐ business trust	☐ limited partner	ship, to be formed		d liability compa		125
	Date of Incorporation of Organization	n: (Enter two-lett	Month 0 1	Year 07 vice abbreviation	C₄> ■ Actual  I for State:	□ Estimated

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments needs only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BASIC IDENT	IFICATION DATA							
2. Enter the information requested for the f									
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
<ul> <li>Each beneficial owner having the power the issuer;</li> </ul>	to vote or dispose, or direct	the vote or disposition of, 1	0% or more of a cl	ass of equity securities of					
Each executive officer and director of co	orporate issuers and of corpo	rate general and managing p	partners of partners	hip issuers; and					
Each general and managing partner of pa	artnership issuers.								
Check Box(es) that Apply: ☑ Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)  Johnny Thomas									
Business or Residence Address (Numb 2756 N. Green Valley Parkway, Suite 22	per and Street, City, State, Zip. 5, Henderson, NV 89014	p Code)							
Check Box(es) that Apply: ☑ Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)  John Francis									
2756 N. Green Valley Parkway, Suite 22									
Check Box(es) that Apply: ☑ Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)  Helen Thomas									
Business or Residence Address (Numb 2756 N. Green Valley Parkway, Suite 22									
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Numb	er and Street, City, State, Zip	p Code)							
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Numb	er and Street, City, State, Zip	p Code)							
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Numb	er and Street, City, State, Zip	p Code)							
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)	***************************************								
Business or Residence Address (Numb	er and Street, City, State, Zip	Code)							

	A. BASIC IDENT	TIFICATION DATA		<del></del>
2. Enter the information requested for the f		**************************************		
• Each promoter of the issuer, if the issuer	r has been organized within	the past five years;		
<ul> <li>Each beneficial owner having the power the issuer;</li> </ul>	to vote or dispose, or direct	the vote or disposition of, 1	0% or more of a cl	ass of equity securities of
Each executive officer and director of co	orporate issuers and of corpo	rate general and managing ;	partners of partners	hip issuers; and
• Each general and managing partner of partn	artnership issuers.			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	per and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	per and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	per and Street, City, State, Zij	p Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	per and Street, City, State, Zij	p Code)	,	
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	per and Street, City, State, Zip	p Code)		, , , , , , , , , , , , , , , , , , ,
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	per and Street, City, State, Zip	ρ Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	er and Street, City, State, Zip	p Code)		

					B. IN	IFORM	ATION	ABOUT	OFFE	RING			
l. Has t	the issuer	sold, or	does the i	issuer inte	end to sell	, to non-a	accredited	investors	in this of	fering?			Yes No ☑ □
				Answe	r also in A	Appendix.	, Column	2, if filing	g under U	LOE.			
2. What	t is the m	inimum i	investmen	it that wil	l be accep	sted from	any indiv	ridual?	••••••	********			N/A
3. Does	the offer	ring perm	ut joint o	wnership	of a single	e unit?			***************************************	•••••			Yes No ☑ □
or sir be lis the n	nilar rem sted is an ame of th	uneration associate ne broker	n for solic	citation of or agent of . If more	purchase of a broke than five	rs in conr er or deale (5) perso	nection wi er register ons to be li	ith sales o ed with th isted are a	f securitie e SEC an	s in the o d/or with	ffering. I a state or	, any commission f a person to states, list proker or	
Full Nan	ne (Last i	name, fin	st, if indiv	ridual)									
Business	or Resid	lence Ad	dress (Nu	mber and	Street, C	ity, State.	Zip Code	e)		<del></del>			
Name of	Associa	ted Broke	er or Deal	er									
			sted Has S			to Solici	t Purchase						
(Check   [AL]   [IL]   [MT]   [RI]	"All State [AK] [IN] [NE] [SC]	e" or che [AZ] [IA] [NV] [SD]	ck individ [AR] [KS] [NH] [TN]	dual State [CA] [KY] [NJ] [TX]	(S) [CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	🖸 All States
			t, if indivi			·`		<del></del>	·····	<u> </u>			
Business	or Resid	lence Ad	dress (Nu	mber and	Street, C	ity. State.	Zip Code	e)					
Name of	Associat	ted Broke	er or Deal	er	,			•					
States in	Which P	erson Lis	sted Has S	Solicited (	or Intends	to Solici	t Purchase	ers					
			eck indivi									·····	🗆 All States
[AL] (IL] (MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] (MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] {PR]	
			t, if indivi		[	<u> </u>	(-;-)	1111111		( ]	( )	(* **)	
Business	or Resid	ence Ad	dress (Nu	mber and	Street, C	ity, State,	Zip Code	e)					
Name of	Associat	ed Broke	er or Deal	<u>—</u> —			<del></del>	<u> </u>				<del></del>	
States in	Which P	erson Lis	sted Has S	Solicited (	or Intends	to Solici	t Purchase	ers	·			<u> </u>	
(Check '	"All State	es" or ch	eck indivi	dual State	es)								
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) (MO) (PA) (PR)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box: and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	<u>\$</u>	\$
	Other (unit consisting of common stock and warrants for common stock)	\$ 50,000	\$ 50,000
	Total	\$	\$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregato
	Accredited Investors	Number Investors	Aggregate Dollar Amount Of Purchases
	Non-accredited Investors	30	\$ 50,000
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.	<u> </u>	<del>y</del>
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering	Type of	Document Amount Sold
	Rule 505	Security 30	
	Regulation A		\$ 50,000 *
	-	<del> </del>	\$
	Rule 504.		\$
	Total	<u> 30</u>	\$ 50,000
4. í	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees		\$_4,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$ 0
	Other Expenses (identify)		\$ 0
	Total		\$ \$4,000
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds"	d total to the	
	issuer."		\$ <u>46,000</u>

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5. Indicate below the amount of the adjusted gross proceed each of the purposes shown. If the amount for any pur check the box to the left of the estimate. The total of the gross proceeds to the issuer set forth in response to Pair	pose is not known, furnish an estimate and he payments listed must equal the adjusted				
g p to the bases out to the the top		Off Direc	ients to icers, ctors, & iliates		rments To Others
Salaries and fees		□\$_	0	□\$_	
Purchase of real estate		□ <b>\$</b>	0	□\$_	
Purchase, rental or leasing and installation of machiner	y and equipment	□ \$	0	□\$_	
Construction or leasing of plant buildings and facilities		□ <b>\$</b>	0	□\$_	0
Acquisition of other businesses (including the value of may be used in exchange for the assets or securities of	another issuer pursuant to a merger)	□ \$		□\$_	
Repayment of indebtedness				□\$_	
Working capital		□ \$_		Ø\$_ <u>4</u>	
Other (specify):	<del></del>	□\$_	0	□\$_	
Total Payments Listed (column totals added)				Ø \$ _4	<u>16,000</u>
D	. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furnish information furnished by the issuer to any non-accredited Issuer (Print or Type)	h to the U.S. Securities and Exchange Commission	n, upon	written re		its staff, the
Name of Signer (Print or Type)	Title of Signer (Frint or Type)				- ·-·
Johnny Thomas	Chief Executive Officer and President			·	-

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
Is any party described in 17 CFR 230.252(c), (d), (e) oppositions of such rule?		Yes No
Sec Appe	ndix, Column 5, for State Response	
<ol><li>The undersigned issuer hereby undertakes to furnish to CFR 239.500) at such times as required by state law.</li></ol>	o any state administrator of any state in which this not	ice is filed, a notice on Form D (17
<ol><li>The undersigned issuer hereby undertakes to furnish to offerees.</li></ol>	o the state administrators, upon written request, inform	nation furnished by the issuer to
4. The undersigned issuer represents that the issuer is far Offering Exemption (ULOE) of the state in which this has the burden of establishing that these conditions ha	s notice is filed and understands that the issuer claimin	
The issuer has read this notification and knows the contemporaries and duly authorized person.	nts to be true and has duly caused this notice to be sign	ned on its behalf by the
Issuer (Print or Type)	Signature Lof R- Hun	Date 3-6-07
Name of Signer (Print or Type)	Title of Signer (Frint or Type)	
Johnny Thomas	Chief Executive Officer and President	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

1	1	2	3			4			5
	Intend (	to sell to	Type of security and aggregate			Disqualification under State ULOE (if yes, Attach			
		credited	offering price		Type of	investor and			nation of
		s in State -Item 1)	offered in state (Part C-Item 1)		Amount pu	rchased in State C-Item 2)			granted) E-Item 1)
<b></b>	(1 (1	1	(rance-nem r)	Number of	(1 uit	Number of		(rait 2	item.
				Accredited		Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL	<u> </u>								
AK									
AZ									
AR	ļ 						7		
CA	1								
СТ					· · · ·				
DE	ļ								
DC									
FL				·					
GA	<u> </u>				···	!		<del>~~~</del>	
HI		-							
ID						:			
IL									
IN				· · · · · · · · · · · · · · · · · · ·					
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN MS					···				
MO	X		Common Stock and			4	\$3,500		X
MT			Warrants for \$3,500			7			
			l		-£0				

## APPENDIX

1		2	3		4					
	non-ac investor	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and Amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, Attach Explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	(	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NE	16	140			Amount		Amount	162	140	
NV	X		Common Stock and Warrants for \$33,000		***	10	\$33,000		X	
NH										
NJ	1	<u> </u>							1	
NM	X		Common Stock and Warrants for \$6,000			7	\$6,000		Х	
NY										
NC										
ND										
ОН										
OK									C7	
OR	X		Common Stock and Warrants for \$3,000		•	3	\$3,000		X	
PA										
RI										
SC										
SD										
TN										
TX						· · · · · · · · · · · · · · · · · · ·			<del> </del>	
UT	X		Common Stock and Warrants for \$4,500			6	\$4,500		X	
VT		-								
VA									-	
WA		<del>.</del>				,				
WV		<del></del> ·			<del></del>			··		
WI										
WY		·								
PR ·					·					

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